ANNUAL REPORT 1986–87

Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION

89-02900/

LETTER OF TRANSMITTAL

To:

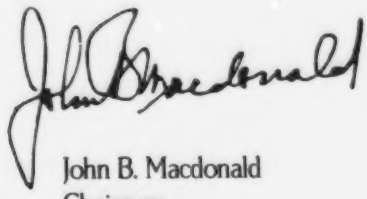
THE HONOURABLE MURRAY ELSTON

MINISTER OF HEALTH

PROVINCE OF ONTARIO

The Alcoholism and Drug Addiction Research Foundation, of which I have the honour to be chairman, is pleased to submit through you to the Members of the Provincial Legislature this report on the Foundation's activities in the year ending March 31, 1987.

Respectfully yours,



John B. Macdonald
Chairman
Alcoholism and Drug
Addiction Research Foundation

September 30, 1987

Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION

ANNUAL REPORT
1986–1987

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COMMENT FROM THE PRESIDENT

Since 1961, when drugs became part of its mandate, the Foundation has been helping the people of Ontario to minimize the adverse effects of both alcohol and other drugs.

Over the years, however, the Foundation has substantially adjusted the scope and nature of its work to take into account changing community attitudes and concerns, and the new demands that have emerged as a result.

For example, the Foundation's original focus was research and treatment. That focus has now expanded to include prevention — through the establishment of specific programs and services and through the dissemination of information to the public.

The essential challenge we face is finding ways to use our resources to achieve maximum benefit for Ontarians; clearly, prevention is key.

First of all, prevention reduces the individual suffering associated with alcohol and other drug abuse. Second, it reduces the strain on the province's health care system. (Studies repeatedly show that people who abuse alcohol and other addictive drugs — as well as members of their families — make disproportionate use of health care services.)

No real substitute

Of course, prevention can never be a substitute for treatment. It may reduce the number of people in Ontario who later need help, but it cannot reduce that number to zero. There will always be people who slip by all prevention efforts and need a treatment safety net to break their fall.

At the same time, prevention and treatment services can never supplant the need for research. As long as there are problems related to addiction, we must keep searching for new ways to reduce or eliminate them.

Thus, ARF constantly strives to use its resources in the best possible mix of programs, so that it brings maximum benefit to the people of Ontario.

Each program we undertake is first screened against a set of criteria to ensure that it is appropriately designed to yield the desired results; that it gets those results in the most cost-effective way; that it deals with a drug that has been selected as being especially worthy of study; that it gets results for a group of people who have been identified as being particularly in need of help; and so on.

Young people targeted

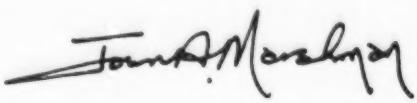
One group we have singled out for particular assistance is young people, especially school children and adolescents. Here we feel we get a high "return on investment," not just because we help encourage a new generation to develop healthy lifestyles but also because, as that generation ages, it will offer a positive role model for the next generation.

Recent surveys conducted by ARF indicate that, in this respect, Ontarians are moving in the right direction. Since 1977, the Foundation has been studying alcohol and other drug use among students across the province; the most recent survey — released last year — found that drug use by this group had undergone a noticeable decline.

Use of eight of the 17 drugs in the survey had declined in a way that was statistically significant. Use of eight other drugs had also declined, but by amounts that were not statistically significant. Only cocaine use failed to show a decline — it increased slightly in the Metropolitan Toronto area.

Nevertheless, the Foundation remains concerned about the availability of both treatment and prevention services specifically aimed at young people. Last year, we launched a number of new programs in this area, including a Youth Clinic designed to improve the accessibility and quality of treatment services for adolescents and young adults.

These and other ARF programs are described in more detail in the pages that follow. The programs are all part of the ongoing effort the Foundation has been making since 1961: to bring maximum benefit to the people of Ontario by minimizing the effects of alcohol and other drug addiction.



Joan A. Marshman

THE FOUNDATION

In 1949, the Ontario government created the Alcoholism Research Foundation to conduct research into alcoholism and to operate a hospital for the treatment of alcoholics.

Twelve years later in 1961, it added other addictive drugs to the mandate, and changed the name to the present Alcoholism and Drug Addiction Research Foundation, or ARF.

Today, ARF pursues four main goals to fulfil its mandate. These four goals are:

- to conduct and promote *research* to increase our understanding of addictions problems;
- to increase the accessibility of quality *treatment* services for Ontarians affected by addictions problems;
- to increase the accessibility for the people of Ontario of quality programs and services for the *prevention* of adverse consequences of alcohol and other drug use; and
- to disseminate *information* to Ontarians that will help them take action against alcohol and other drug problems.

Clearly, these four goals are closely related; indeed, the effectiveness of the Foundation depends on their integration. For example, prevention relies on information dissemination, which depends on research, which in turn responds to the issues emerging from treatment. And so on.

In addition, the Foundation has enhanced its effectiveness by developing close links with other groups in Ontario that are also concerned with the problems of drug and alcohol abuse — for example, school boards, teachers, parent groups, public health units, hospitals, district health councils, police authorities, and others.

Similarly, the Foundation has established strong links with other addictions-related organizations throughout the rest of Canada, in the United States, and overseas, since the problems of drug and alcohol abuse are international in scope.

The Foundation is therefore an important agent of change. It is Ontario's primary resource in the addictions field, providing information and advice to the general public and to Ontario policymakers; it is an integral part of the province's efforts to combat drug and alcohol abuse, initiating programs of its own and working through other groups in the community that share its overall objective; and it operates as the province's main link with addictions-related developments taking place in the rest of Canada and around the world.

Reception area for the Foundation headquarters and Clinical Institute at 33 Russell Street.

FOUNDATION PROGRAMS

The Foundation fulfils its goals by carrying out specific programs conducted by ARF staff.

Some of the 1986–87 programs are described in the following pages. They are grouped under four main headings, corresponding to the Foundation's four main goals — research, treatment, prevention, and the dissemination of information.

The list of programs described is not comprehensive. However, the selection of programs is representative.

RESEARCH

Alcohol and other drug use levelling off in Canada

A new ARF study, to be published late in 1987, shows that alcohol and other drug use in Canada is levelling off. But it also points out the pervasive influence of alcohol in Canadians' everyday lives.

Statistics on Alcohol and Drug Use in Canada and Other Countries is a book published by the Foundation about every two years. It is a comprehensive statistical overview of alcohol and other drug use in Ontario, Canada, and the rest of the world, as well as of the related health, legal, and social consequences. It includes data on alcohol and drug production, sale, and control.

The 1987 volume, the sixth edition, provides not only extensive statistical tables but also commentary on the data's main findings, their origin, and their reliability.

A videotape that provides a summary of the book has been produced and is available at the ARF library. The Foundation also provides one-page synopses of specific topics from the book to interested members of the public.

Examining causes, effects of motor vehicle accidents

Research suggests that animals with high blood-alcohol levels show more severe injury following trauma, and are less likely to survive, than those with zero blood-alcohol levels. To date, however, research on the effects of alcohol on the human body's reaction to injury has been inconclusive.

That is now changing. In conjunction with the Trauma Unit at Toronto's Sunnybrook Hospital, the Foundation is systematically examining and describing the effects not only of alcohol but also of all other variables that may or may not affect injuries of motor vehicle accident victims.

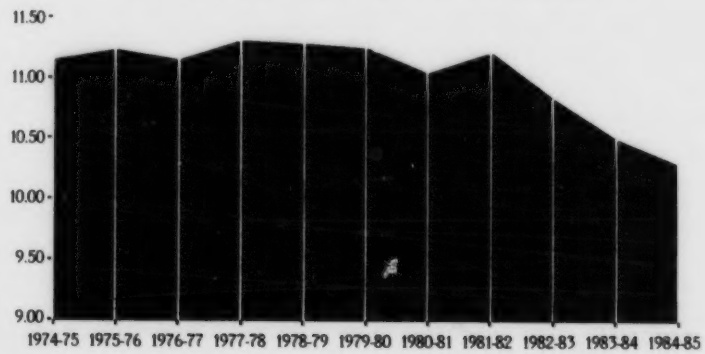
The study controls for such factors as age, sex, seatbelt use, travelling speed, and type of car. Data on high-risk drivers being collected in a parallel study by Transport Canada and the Ontario Ministry of Transportation and Communications will also be used.

In addition, the trauma study is looking at victims' psychosocial characteristics in an effort to measure the effects of such variables as stress and lifestyle.

Later on, the study team will conduct follow-up interviews with victims to determine the long-term impact of their trauma on family, work, and social and financial circumstances, with a view to recommending ways of facilitating their psychological and social recuperation.

The study team believes its research will help identify drivers who are most at risk. Study findings, which will be published in 1990, may also have implications for medical treatment, car design, seatbelt use, and alcohol education.

Consumption of Alcohol in Litres of Absolute Alcohol per Person Aged 15 and Over, Canada, 1974-75 to 1984-85



Source: *Statistics on Alcohol and Drug Use in Canada and Other Countries*

New tests for alcohol abuse and for measuring consumption

New advances at the Foundation in the past year have led to a blood test that can determine whether someone has consumed excessive amounts of alcohol in the past three weeks, and to an instrument that, when placed directly over the eyes, can measure the amount of alcohol in a person's body.

In 1985–86 ARF researchers became the first in the world to discover antibodies that recognize chemicals formed during the breakdown of alcohol in the body. Now the researchers have produced these antibodies and hope to use, for treatment purposes, their ability to induce allergic reactions to alcohol.

The antibodies have the potential to be more effective than disulfiram (Antabuse), a drug now widely employed to treat alcoholism.

Another use of these antibodies is in the diagnosis of habitual excessive consumption. There is currently no safe and accurate way to detect levels of recent consumption; self-reporting is consistently problematic.

In 1986–87, the Foundation developed a new test, involving the antibodies, which can establish the cumulative level of alcohol consumed by a person in the previous three weeks or more, even if the person has a zero blood-alcohol level at the time of testing and has not consumed alcohol for seven days.

The "eyealyzer" measures the amount of alcohol in a patient's body by sampling vapor near the eyeball. The instrument will be particularly useful in emergency settings where the patient may be unconscious.

In a separate breakthrough in 1985–86, ARF developed the "skinalyzer," an instrument that can, within 30 seconds, determine the amount of alcohol in a patient's body by measuring the amount of alcohol present in the air immediately above the skin. The device is sensitive enough to detect quantities as low as those derived from a single drink and is more than 90 per cent accurate.

However, the measurement could be invalid if substances containing alcohol, such as cosmetics or lotion, are present on the skin. Last year, this instrument was refined and adapted to perform the same function when placed over a patient's eyes, where there are unlikely to be alcohol-based substances present.

Called the "eyealyzer," this instrument will be useful in emergency settings, where it is often necessary to determine very quickly whether an unconscious patient has consumed alcohol.

Tests have shown that it can match or exceed the accuracy and reliability of breathalysers, which may be affected by residual alcohol in the mouth.

RESEARCH

Book explores cocaine use, history in Canada

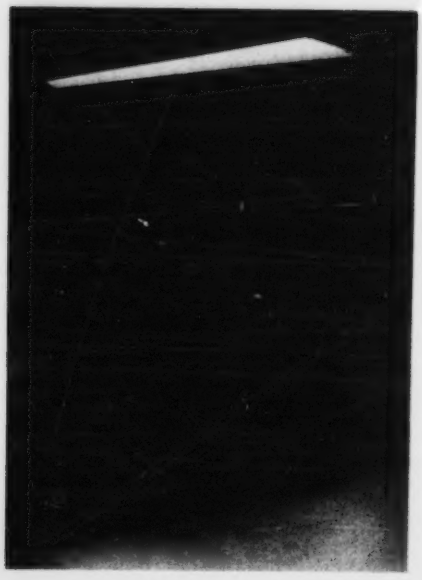
Cocaine use has recently been on the rise in Canada. But Canadians' impressions of the drug and its effects come largely from the media in the United States, where the proportion of cocaine users is at least three times as high as it is in Canada.

In November 1986, *The Steel Drug: Cocaine in Perspective* was published in the U.S. and Canada in hardcover and paperback. Already a second print run has been ordered.

Written by four ARF researchers, the book is the first in-depth look at cocaine use in Canada and contains the results of an original research study on mainly social-recreational adult users.

The Steel Drug provides a history of cocaine, looks at the media's portrayal of cocaine use, and includes statistics and profiles based on surveys of, and interviews with, Canadians.

It attempts to provide a dispassionate view of the drug, and to this end it covers a wide spectrum of cocaine users rather than focusing only on those for whom cocaine has become a destructive influence.



Decrease in alcohol problems may be result of better treatment

In the postwar years up to the mid-1970s, there was a close correlation between the overall increase in alcohol consumption in Ontario and the increase in problems related to alcohol use.

But a new ARF study launched last year, comparing the rate of consumption to the rate of problems, has noted a significant shift in these trends. This research has strong implications for the value of treatment and prevention programs.

The study looked at the period between 1975 and 1983. It found that alcohol consumption in Ontario decreased by only 2.6 per cent but that alcohol-problem indicators dropped much more dramatically. This drop occurred during a period when treatment for alcoholics greatly expanded in Ontario.

Hospital admissions related to alcohol were cut in half. At the same time, the number of alcoholics receiving treatment doubled. Some of this change is attributed to the wide establishment of outpatient treatment facilities. As well, the rate of death from liver cirrhosis fell substantially.

Although not all factors have been studied yet, indications are that the expansion of treatment facilities for alcohol-related problems in Ontario, as well as programs stressing prevention, has greatly reduced the severity of those problems.

Drug cuts alcoholic liver disease deaths by half

Each year, between 1,000 and 2,000 people in Ontario die of cirrhosis of the liver as a result of excessive alcohol consumption.

After six years of testing on humans, the Foundation has shown that the drug propylthiouracil (PTU) can reduce by 50 per cent the mortality rate of people with alcoholic liver disease, including cirrhosis and alcoholic hepatitis.

PTU is commonly used to counteract hyperthyroidism. Through tests on animals, however, the Foundation established the drug's ability to reduce the liver's need for oxygen — a need which is increased with alcohol consumption.

The extensive testing needed to prove PTU's usefulness for humans — and the earlier laboratory research — was entirely funded by the Province of Ontario.

When published, the study is expected to lead to more widespread use of PTU in the treatment of alcoholic liver disease.

New study focuses on prevention, peer pressure

Do heavy users of alcohol have more influence on their community than moderate users have?

This is one of the questions being asked by the Foundation's Ontario Prevention Study, which is examining the impact on overall alcohol consumption of a program targeted at heavy consumers.

If there were fewer heavy drinkers in a community, the study asks, would that influence peer-group dynamics and the general climate for alcohol use? Could the moderate drinkers act as role models for their peers, and would the result be a general decrease in alcohol consumption in the population?

To find the answers, the study focused on three small communities and, in one community, offered an educational and counselling program aimed at decreasing the alcohol consumption of heavy drinkers.

Included in the program were one-on-one counselling sessions for heavy drinkers; newspaper, radio, and cable-TV messages; presentations to local schools, service groups, health care professionals, and committees; and server-intervention awareness for employees of establishments that serve alcohol.

The study team hopes to demonstrate the key considerations for effective prevention of alcohol abuse at the community level and to provide a working prevention model for other communities.

Preliminary impressions suggest a need for a coordinated approach to the prevention of alcohol abuse: counselling, public education, and policy initiatives all appear to be more effective when carried out in concert.

Patients who are receiving the drug propylthiouracil (PTU) come to the Foundation's outpatient clinic for blood testing. The samples are analyzed in this laboratory at 33 Russell Street.

TREATMENT

Program helps hospitals cope with alcohol, other drug use

About 30 per cent of patients treated in Ontario hospitals have alcohol or other drug problems in addition to their other illnesses, ARF estimates. And in orthopedic hospitals, for example, some 50 per cent of trauma cases may result from abuse of alcohol or other drugs.

To help hospital professionals treat these patients (and to show hospitals how they can more effectively access ARF's body of knowledge and expertise), the Foundation created the Hospital Outreach Service.

This program provides assistance to staff of both general and special-needs facilities in Ontario, with an emphasis on teaching hospitals. Its goals are to help hospital professionals see early identification of alcohol and other drug problems as part of a total health care approach, to encourage appropriate medical management of withdrawal and other health complications resulting from such problems, and to facilitate linkages to community-based support.

A training module for nurses, now being piloted in a Toronto teaching hospital, includes referral resources and guidelines for taking patient histories. Literature designed for the program, as well as such ARF resources as the *Physicians' Handbook* and computerized lifestyle assessments, is available to hospital staff. The program also provides in-service education in hospitals.

In March 1987, Hospital Outreach sponsored a conference in Toronto entitled "Hospitals Meeting the Challenge of Alcohol and Drug Problems," which was attended by professionals from 44 hospitals across the province. The program's four-member core staff also provided planning and resources for the Ontario Hospital Association's "Care of Patients with Alcohol and Drug Problems" conference in October 1986.

Linda Netten, rehabilitation counsellor at Lyndhurst Hospital, chats with Dr. Sarah Saunders of the Foundation's Hospital Outreach Program. Ms. Netten has received extensive training from the Foundation and is responsible for the new substance abuse treatment program at this rehabilitation hospital for Spinal Cord Injured patients.

Youth Clinic expands services for under-25s

The Foundation has provided treatment for young drug abusers for many years; however, last year it reorganized its youth services — to focus better on the problems of this age group, to be more flexible in the type of care available, and to provide treatment for those under the age of 16.

In addition to the inpatient treatment that has traditionally been available, clinicians specializing in dealing with young drug users now provide outpatient service specifically for those under 25 years.

As studies have shown that family involvement in the treatment of young drug abusers results in a more positive outcome, the clinic encourages this approach. Where previously fewer than 5 per cent of patients were able to involve their families, now four times that many participate with their families in problem assessment and/or family counselling.

A consultation service has also proved to be valuable for parents seeking advice on their children's drug use.

Patients may also receive a variety of types of assistance tailored to their needs, such as vocational and leisure-time counselling, stress management, and relaxation therapy.

One of the Youth Clinic's continuing goals is to create more effective linkages with other resources, facilitating referrals to and from youth agencies and integrating ARF's services with the community.

Another goal is to attract more of those under 16 who need help and whose problems can be adequately treated on an outpatient basis — thus catching them early enough to prevent their drug abuse from becoming intractable. Already the Foundation has seen a fourfold increase in the number of under-16s attending the clinic.

Computer program provides lifestyle self-assessment

One of the factors clinicians consider when recommending treatment is their clients' lifestyles. However, obtaining the necessary information is sometimes difficult and almost always time-consuming.

Now the Foundation has developed a computer program that allows individual clients to respond to lifestyle questions on a microcomputer.

The computerized lifestyle assessment examines a broad range of activities, provides graphic feedback at various points during the assessment, and generates printed reports on lifestyle strengths and weaknesses.

The assessment takes 20–30 minutes to complete. Among the topics covered are: substance use, social relationships, leisure activities, psychological well-being, nutrition, physical activity, sleep patterns, and preventive measures such as medical checkups.

The assessment's main value is that it gives the clinician a systematic method of assessing health-risk behaviors, and yet requires minimal administration time.

Moreover, the format serves to stimulate self-examination by the client. Feedback given to the client at selected points during the assessment is particularly helpful in this regard.

Information from the printed report can also be used as a starting point for a more detailed assessment, and for initiating a dialogue with the client on lifestyle issues and related alcohol and other drug problems.

The Foundation is now working to adapt the assessment for use with special populations (adolescents) and in selected settings (workplace, schools, criminal justice system).

TREATMENT

Dramatic increase in day treatment, outpatient visits

Three years ago, the Foundation converted three treatment programs that had been run on an inpatient basis into day programs, reserving the option of inpatient care for those who require the added support of a secure and stable environment.

This change was consistent with the results of numerous studies showing that, for most patients, day programs and other outpatient programs are far less costly and yet just as effective as more traditional inpatient care.

Since then, there has been a steady increase in the number of patient-days of treatment provided by these three programs. In fact, by 1986–87, the increase had amounted to 26 per cent.

During the same period, the number of outpatient attendances (for intake and assessment interviews, medical screening, counselling, therapy sessions, etc.) also rose dramatically, from 31,938 to 39,403, an increase of 23 per cent.

The end result is that, while maintaining its commitment to the provision of high-quality patient care, the Foundation has been able to provide more patients with treatment — at a lower cost.

Support, training for Eastern Ontario assessment/referral staff

In 1984, the Foundation established a Clinical Support and Monitoring System to address the problem of variations in the quality of care offered to clients by the 12 assessment/referral services in Eastern Ontario.

The monitoring system found improvements were needed in assessment instrumentation, organizational structure, procedures, and staff education.

In particular, a clinical component, consultation, and support were needed during the training of workers.

These improvements have now been introduced, largely through individual training sessions for new and experienced assessment workers, case conferences and reviews, and group workshops.

In a subsequent survey of assessment/referral workers in the 12 services, 96 per cent said the new system had helped them deal more effectively with clients.

Waterloo service a working model for other regions

Two years ago, a community assessment by the local district health council identified the need for an assessment/referral service in the Kitchener–Waterloo region. Coincidentally, at that time the Foundation wanted to establish a regional service that could function as a demonstration model for the province. The result was the Waterloo assessment/referral service, which has been in operation since April 1985.

Since the service was launched, physicians, employers, and agencies in the area have been informed of its operations through mailings and individual staff contact. The facility is now operating at full capacity.

During the past two years, people from other addiction services in the province have visited the Waterloo service to attend case-review meetings and to observe demonstration assessment and case-management interviews.

This year, the service plans to introduce microcomputer technology and to survey local professionals concerning their use of, and satisfaction with, its operations.

ARF influences treatment of addictions worldwide

ARF has been involved in international training for almost 25 years. But in 1977, when it was designated a World Health Organization Collaborating Centre, and in 1978, when the School for Addiction Studies was formed, its involvement in international training took major steps forward.

Last year, ARF continued to provide technical consultation and teaching support for the Caribbean Institute on Alcoholism and Other Drug Problems with its training programs in the U.S. Virgin Islands, Trinidad, and Grenada. The annual program in the Virgin Islands — supported in part by the Canadian International Development Agency (CIDA) — has now trained more than 800 professionals across the Caribbean region.

The Foundation also provided technical consultation to the International Council on Alcohol and Addictions for the East Africa training project, held in Zimbabwe in November 1986. Health and social service personnel from nine eastern and southern African countries participated in the two-week program, which was financed by the United Nations Fund for Drug Abuse Control (UNFDAC).

ARF personnel also provided consultation services to the government of Thailand on behalf of UNFDAC. This project involves the training of primary health care workers, the development of village-based treatment programs, and the improvement of urban treatment programs.

Ten senior officials from the Thailand Ministry of Public Health and Office of Narcotics Control Board attended the Foundation for an intensive one-month study visit. They will use the information gained to develop innovative treatment centres in Thailand.

New weekend clinic helps impaired drivers

In 1986–87, the Foundation finalized plans for a special weekend clinic for convicted impaired drivers.

The clinic — which will accept repeat offenders referred by the judicial system — was set up because studies consistently show that a high number of repeat impaired drivers have serious problems with alcohol in other areas of their lives.

The treatment offered by the clinic will place emphasis on helping clients understand the physical, psychological, and social components of alcohol abuse; on encouraging them to review their lifestyles; and on teaching them new skills to bring about desirable changes in their lives.

The clients' families will be encouraged to participate whenever possible, since family involvement has been shown to increase the treatment's effectiveness.

The program is divided into two phases. The first phase takes place over three consecutive weekends. The second phase consists of twice-monthly evening meetings during six months of aftercare.

Clients who have attended the weekend sessions of the Treatment Program for Impaired Driving Offenders return for evening aftercare therapy.

PREVENTION

Student programs stress preventive alcohol and drug education

A 1985 ARF survey of student drug use indicated that, within the previous year, 70 per cent of Ontario students in grades 7 through 13 had used alcohol, 25 per cent had used tobacco, and 21 per cent had used cannabis. In addition, there is evidence that alcohol use among university and college students is a growing health and social concern.

In response to the perceived need for enhanced alcohol and other drug education for students, ARF staff have worked with boards of education and universities to implement prevention programs. For example, Preventive Education in Roman Catholic High Schools (PERCS) is aimed at young people in grades 4 through 12, and Campus Alcohol Policies and Education (CAPE) targets incoming university and college students.

PERCS, developed for the Halton Roman Catholic Separate School Board, has three components: curriculum, alcohol and drug policies, and teacher training.

The curriculum emphasizes adverse effects and discourages the use of alcohol and other drugs at risk levels. The policy component is intended to guide schools in dealing with alcohol and drug issues through education, disciplinary procedures, and early intervention programs with those students who are beginning to experience problems. Teacher training for PERCS began in the fall of 1986. The utilization of the curriculum will be monitored in the 1987–88 academic year.

The CAPE program was first launched at the University of Western Ontario in London in 1984–85, and has since been implemented at eight other universities in the province.

The program has two components. The first is an educational campaign to increase the knowledge of first-year university students about low-risk drinking behavior and to encourage attitudes that favor low-risk drinking levels and practices.

In addition, ARF consultants work with university administration and students to establish alcohol-use policies that promote low-risk drinking in licensed establishments on campus. These could include selling food wherever alcohol is served and charging less for low-alcohol beverages.

An assessment of the effectiveness of the program was done at the University of Western Ontario and will be published this year. It shows that the CAPE program achieved high recognition on campus and resulted in a positive change in the students' attitudes and intentions toward appropriate alcohol use and in their self-reported consumption levels.

Helping the hospitality industry prevent drinking and driving

Thirty per cent of people charged with drinking and driving offences did their drinking in licensed establishments.

In the face of growing public awareness of the hazards of drinking and driving, owners, managers, and employees in the hospitality industry face new concerns: liability suits with potentially severe judgments against licensees; the mobilization of community groups, governments, and police against drinking and driving; increased insurance rates; and pressures from the Liquor Licence Board to conform to the law.

To help the industry address these concerns, a server-intervention program was implemented by ARF in the fall of 1986. A training package, consisting of three manuals and a 12-minute video, shows hospitality personnel how to carry out their legal responsibilities in controlling intoxication.

Separate manuals, each entitled *A Guide to the Responsible Service of Alcohol*, are aimed at three groups: servers, owners/managers, and trainers.

The Foundation also introduced training courses, which include a four-and-a-half-hour course designed for bartenders, servers, and other staff in a licensed establishment and a six-

hour session offered to owners and managers. Certificates are provided to all participants.

The server-intervention program is now being marketed, in collaboration with the Ontario Hotel and Motel Association, to Ontario's 12,000 licensed establishments. The Foundation is also collaborating with the Pafco Insurance Company on a mandatory training program for the firm's licensed clients who wish to continue insurance coverage.

In addition, other community groups are being asked to assist in the marketing and delivery of the program in an effort to increase the training base.

Responses to questionnaires used in training sessions have indicated a marked need for education in this area among hospitality personnel, who often have been unaware of their rights and responsibilities under the Liquor Licence Act.

The server-intervention program is expected to play an important role in increasing their skills and knowledge in preventing and managing intoxication on their premises, and ultimately in safeguarding the lives of their patrons and the Ontario public.

Hotel and restaurant managers attend a Servers' Intervention workshop at the Victoria Hotel in Toronto.

PREVENTION

Addiction Awareness Week reaching more communities

Public awareness of addictions-related problems and issues is on the rise as more areas of the province participate in Addiction Awareness Week in collaboration with the Foundation.

During the week of November 16–23, people in the Niagara, Kingston, and Kitchener–Waterloo regions joined those in Toronto, Peterborough, Thunder Bay, Peel and Durham regions, and numerous other communities in events and programs designed to focus attention on drug and alcohol use.

An Ontario Planning Group was struck last year to coordinate all the Addiction Awareness Weeks in which the Foundation is involved. It assisted local Addiction Awareness Week committees — of educators, business leaders, and law and health professionals — in planning activities for specific target groups.

Workshops, public forums, media events, and promotional items were used to bring attention to the issues, using the slogan "Try Hugs, Not Drugs."

Durham region carried out a comprehensive evaluation of Addiction Awareness Week and found that a significant number of the general population were aware of the program. A separate survey was conducted at General Motors of Canada Ltd., which had extensive activities on-site. Results indicated a high awareness not only of Addiction Awareness Week but of addiction-specific resources in the community, such as the Addiction Research Foundation.

EHAPs stress prevention as well as treatment

Employee Assistance Programs (EAPs) have helped thousands of Ontario employees by identifying and treating personal problems, including addictions problems, that interfere with their work. The programs have also helped reduce the cost to business and industry associated with the absenteeism and poor work performance these problems can cause.

But EAPs are necessarily treatment oriented; they do not directly address employees who may later develop such problems.

In contrast, Health Promotion Programs (HPPs) stress prevention. They emphasize such positive factors as fitness, stress management, and nutrition and primarily reach people who are still healthy, rather than those whose problems have advanced to the stage where intervention is required. A new generation of such programs seeks to augment participants' sense of control over their health, teaching them the skills to improve their overall wellbeing.

In 1986 the Foundation realized that the majority of employees fall between these two programs, and their needs and risks are largely being ignored. In an effort to combine the approaches of EAPs and HPPs, it therefore began studying the development of what are called Employee Health and Assistance Programs (EHAPs), which would deal with the whole spectrum of health-related needs and risks.

The study is being carried out jointly by ARF and Health and Welfare Canada (HWC), and focuses on four Ontario worksites. Committees with representation from ARF, HWC, employees, management, and unions have been appointed to develop and test a comprehensive program model designed to integrate EAP and HPP strategies.

Needs and risk assessment has been carried out by means of a comprehensive questionnaire at each worksite. Out of more than 4,500 employees, more than 60 per cent have responded — a high rate of return given the extensive questions involved.

This information will be used in the next stage of determining which programs are necessary and how best to design and implement them.

Health and Welfare Canada hopes to establish effective working models of prevention and treatment programs that it can promote to both the public and private sectors across Canada.

Videos reach children in Ontario classrooms

One of the best ways for ARF to reach and influence elementary school children is through videos and teaching materials in the classroom.

In 1986–87, the Foundation produced a series of six videos (called the Dr. Cooper series in English and the Dr. Bernard series in French), which are now available to all schools throughout the province.

Any school in Ontario can receive the first three videos in the series free of charge; the other three are available for a small charge that offsets some of the production costs.

In addition, in northern Ontario, the videos are being offered through commercial video stores. Any customer who rents a video from the store can also borrow, at no extra charge, one of the Dr. Cooper/ Dr. Bernard series.

Outside Ontario the videos have proven so popular that the distributor for Walt Disney movies has asked to sell them commercially throughout the United States; another distributor is selling them across the rest of Canada.

ARF receives a royalty from every sale, which again is used to offset some of the production costs.

In Ontario, the videos are sent to schools with a teacher's guide; an evaluation sheet for the teachers to complete; and a color poster that teachers can display in the classroom to generate interest before the series is shown.

The six videos deal with household chemicals, tobacco, alcohol (covered by two of the videos), inhalants, and marijuana.

ARF helps Thunder Bay establish its own EAP

Losses caused by absenteeism due to addictions problems are not confined to business and industry.

The City Corporation of Thunder Bay, for example, lost $2.9 million in 1984 as a result of employee absences among its 2,500-strong work force.

In an effort to reduce these costs, it asked the Foundation to help set up an EAP.

An EAP committee composed of representatives of both management and labor was established. It has completed a needs assessment, written an EAP policy, and established a budget for the project.

The City of Thunder Bay EAP now follows ARF's "Best Advice" on this topic (it encourages voluntary self-referral) and is serving a broad base of employee needs.

ARF trains EAP workers across the province

Employee Assistance Programs are often only as good as the people who run them.

To help the variety of people who are charged with the responsibility for EAPs — physicians, nurses, union representatives, social service workers, human resources staff, business people — ARF conducts a series of EAP training courses.

In February 1987, 25 people attended the four-day Perspectives on Employee Assistance Programming course. Designed as an overview for consultants, management, and labor personnel, it covered such topics as historical background, EAP policy development, monitoring, evaluation, and referral options (such as in-house treatment and referral to outside consultants).

Because of the desire of EAP people outside Toronto for new information, ARF will also hold three EAP training extension courses in the coming year: Union Perspectives on EAP, in Chatham; an EAP symposium in Timmins; and an EAP forum in Thunder Bay.

Lively puppets are featured in the "Dr. Cooper/Dr. Bernard" series of videotapes for young people.

INFORMATION

The Journal forges links throughout addictions community

The professionals who work in the addictions field form a disparate group. They are scattered across a broad range of organizations and professions — counsellors, policymakers, legislators, treatment staff, teachers, school board personnel, librarians, personnel officers, administrators, physicians, nurses, social workers, directors of health boards, and so on.

The Journal — a 16-page tabloid published each month by the Foundation — is the only publication in Canada that cuts across the organizational and professional boundaries and reaches, and unites, all these various groups.

The main objective of *The Journal* is to keep addictions-related professionals in Ontario up to date on major developments in all areas of addictions. The bulk of its readers — some 18,000 out of a total of close to 26,000 — are therefore in Ontario.

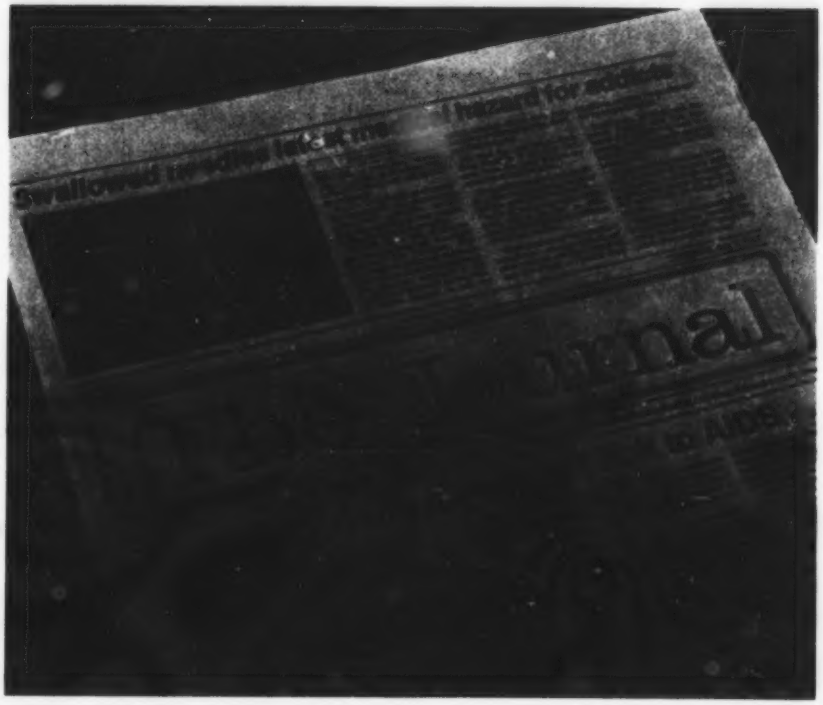
However, recognizing that alcohol and other drug issues are international in scope, it maintains an international network of correspondents (in the United States, Europe, and the Far East) as well as across Canada, so that it can keep its Ontario readers thoroughly informed.

Research shows that more than 50 per cent of *The Journal*'s readers pass their copies on to colleagues, thereby boosting the newspaper's readership to some 40,000 per issue.

In addition, material in *The Journal* is regularly reprinted or quoted in other media, further broadening its impact on the people of Ontario.

First published in 1972, *The Journal* is constantly being revised and improved. In 1986–87, it included major coverage of such important emerging issues as the AIDS epidemic as it affects the addictions field; the potential for increased "crack" use in Ontario; the building of a national drug policy and the increasing need for international collaboration; the debate about sales of beverage alcohol in grocery and convenience stores in Ontario; alcohol's role in domestic violence; and the social, legal, and ethical issues surrounding drug testing in the workplace.

In addition, it launched a number of marketing initiatives designed to recoup a significant part of its production costs.



Distance education gets ARF courses to new audiences

ARF continues to make use of electronic technology to provide extension programs for addictions personnel in outlying areas of the province.

Following the success of the first-ever addictions course broadcast on radio, ARF has not only run the program again but also adapted it for use as a distance education course on audio cassette.

The 20-week radio course was given from October to December 1986 on CJRT–FM in Toronto. Each broadcast consisted of a 15-minute mini-lecture followed by interviews with experts, many of them ARF scientists. The material was developed by the Foundation and covered such topics as addictions and the family, women and drinking, theories of substance abuse, and addictions treatments.

Thirty-five participants registered as Open College students. After listening to programs, they completed and handed in assignments to ARF staff, who tutored them and marked their papers.

Thousands of other people simply listened because they were interested in the subject. For this group ARF supplied an information package on request.

In February 1987, the same course was offered on cassettes, and 29 additional people registered.

The Foundation has also been delivering addiction education courses in local Ontario communities. Many of these courses have been developed as a result of needs assessments conducted locally by the Foundation's community services offices. Thus the programs are designed specifically to answer the demands of a particular community.

A typical example is a course held at the Sudbury–Algoma Hospital under the auspices of the local community college. Following the success of the previous year's Introductory Addictions Management Course, a follow-up course dealing with relapse prevention was held. It attracted 40 participants from all branches of Sudbury's health services field.

In January 1987, a two-day course for health professionals and social service workers was held in Kingston. Entitled "All about Drug Abuse," it was attended by 90 people. The goal of the course was to improve participants' knowledge base and skills in providing treatment to clients with substance-abuse problems.

These are just two of the 71 extension programs ARF has organized in the past year — nearly double the number in the previous year. The number of locations has also doubled, to more than 60. In total, these courses have attracted 3,055 participants in all regions of Ontario — a 31 per cent increase over the previous year.

Dial-A-Fact tapes available in both official languages

One of the ways the Foundation helps keep the people of Ontario informed about drug and alcohol issues is through Dial-A-Fact — its drug and alcohol information phone-in line.

Under the Dial-A-Fact program, anyone in Ontario can telephone (toll-free, 1-800-387-2916 — or 595-6111 in Toronto) and listen to any one of more than 60 tapes that give factual and scientifically based information on a variety of drug and alcohol topics.

Among the most frequently requested tapes are those relating to the use and abuse of cannabis, cocaine, and alcohol. Smoking is also a subject that is much in demand.

In 1986–87, the Foundation received special funding from the Ontario Ministry of Health that allowed it to increase the number of tapes and to offer all the tapes in both French and English.

In addition, the funding was used to conduct consumer studies around the province to find out if the most appropriate topics were being covered in the most effective manner.

Also during the year, the Foundation redesigned the materials used to promote the Dial-A-Fact service. A new poster-flyer was prepared, public service advertisements were created, and counter stands were produced for display in libraries and in beer and liquor retail outlets.

INFORMATION

New information packages added by ARF library

The ARF library, in Toronto, has one of the world's most comprehensive collections of books and other publications on alcohol and other drug abuse.

Altogether, the library houses some 12,000 books, 450 current journal subscriptions, 150 film titles, and 12,000 reprints of articles on alcohol and other drugs.

The library may be used by the general public, students, and addictions professionals throughout Ontario, as well as ARF scientists and staff. Partly as a result of the inclusion of non-technical materials, 40 per cent of the library's books are now borrowed by people outside the Foundation.

In 1986–87, the library's information service handled 1,697 requests from outside the Foundation (a 22 per cent increase over the previous year).

Because of continuing demand from the public for information on specific addictions topics, the library has developed 14 targeted information packages. Each one contains up to 10 articles and a reading list, all selected by information professionals in the library and screened by ARF scientists.

Packages added last year include some that respond to current topics of special interest: "Designer Drugs," "Police Powers in Drug Cases," and "Solvent Abuse."

In 1986–87, the library received an award for outstanding innovation from the Canadian Library Association for its videos developed to promote the library's services to ARF staff and to the general public.

ARF multimedia course deals with pharmacology and drug abuse

Many health and social service professionals have little formal education in pharmacology. Even those who have extensive professional training in the therapeutic use of drugs often feel a need for further education on the pharmacology of drugs of abuse, so that they can better address the addictions problems of the people they serve.

In response to this need, ARF has designed a course on pharmacology and toxicity of psychoactive drugs in a format suitable for those in distant locations and those who prefer individual home study.

The course combines printed materials, cassettes, and tutorial contacts by telephone and mail. Where feasible, students within driving distance are brought together periodically to meet ARF personnel and to participate in a teleconference. In 1986–87, Oshawa, North Bay, and Sault Ste. Marie were designated locations for students to come together.

Fifty people took the first course from February to May 1987, and many more applicants had to be turned away. A second course is planned for the fall of 1987.

Summer schedule opens up participation in ARF courses

The Foundation's summer education program was set up to make it easier for people in Ontario — especially those outside Toronto — to take advantage of ARF's addictions-related courses.

Many people who attend the summer school — teachers, health care personnel, social workers, probation officers — can do so only because of summer lulls in their own activities or because of their summer holiday break.

Often they are able to take more than one course. As a result, the summer program, which started with a single week-long course in fundamental concepts, has expanded twice in the past two years. It now offers four courses in three weeks, including Basic Counselling Skills and Health Promotion Skills.

The most recent addition, Clinical Issues in Substance Abuse Nursing, was developed and delivered in collaboration with the Health Promotion Foundation of Locust Valley, New York.

Approximately 20 people attended each of the four courses in 1986–87. Most students came from Ontario, but some were from Australia, England, the U.S., and Bermuda.

ORGANIZATION, OPERATIONS, AND PUBLICATIONS

FOUNDATION ORGANIZATION

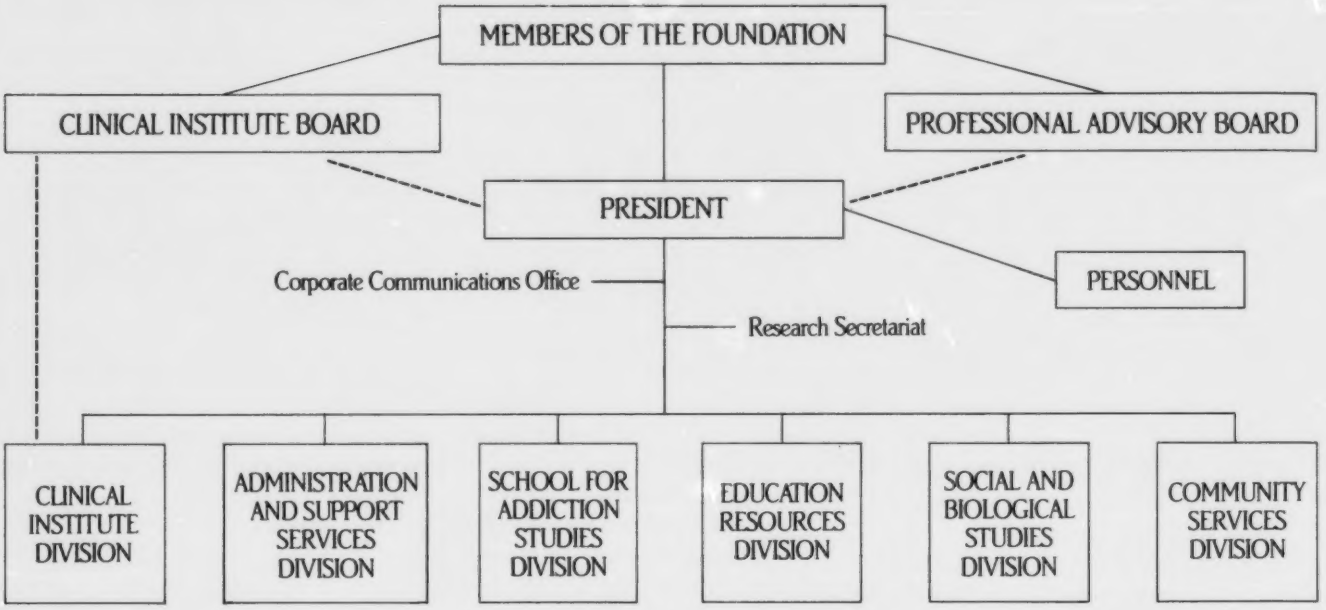
The Foundation is organized into five program divisions — Community Services, Social and Biological Studies, Education Resources, the Clinical Institute, and the School for Addiction Studies. Corporate support services are provided by the Administration and Support Services Division.

The main responsibilities of the five program divisions are as follows:

- *Community Services* — development of prevention and treatment programs for drug and alcohol problems in communities throughout Ontario;
- *Social and Biological Studies* — development through original research of the knowledge needed to reduce the health and social costs associated with the use of alcohol and other addictive substances;
- *Education Resources* — dissemination of alcohol and other drug information to the general public of Ontario and to specific target groups to increase individual and community action to prevent problems;
- *Clinical Institute* — provision of treatment services, investigation of clinical problems associated with alcohol and other drug abuse, and training of addictions-related professionals;
- *School for Addiction Studies* — training and development of ARF staff, addictions-related professionals and other workers in Ontario, and selected students and professionals from other provinces and from countries around the world.

The directors of ARF's six divisions and the Director of Personnel report directly to the President. The President in turn reports to the Board of the Foundation, which is advised by the Clinical Institute Board and the Professional Advisory Board.

ORGANIZATION STRUCTURE



SENIOR OFFICERS OF THE FOUNDATION

The senior officers of the Foundation as of March 31, 1987, were:

Joan A. Marshman
President

Howard D. Cappell
Director
Social and Biological
Studies Division

André P. Charles
Director
Administrative and Support
Services Division

John C. La Rocque
Director
Community Services Division

Donald E. Meeks
Director
School for Addiction Studies Division

Henry J. Schankula
Director
Education Resources Division

Edwin F. Watson
Director
Clinical Institute Division

Larry Weiss
Director
Personnel

MEMBERS OF THE FOUNDATION

The Members of the Addiction Research Foundation, together with the President, comprise the Foundation's Board of Directors. The role of Members of the Foundation is:

- to consider and adopt broad general policy, including the approval of overall Foundation goals and objectives, the start and termination of major programs, and the annual budget;
- to represent and interpret the objectives of the Foundation to the people of Ontario;
- to ensure that the Foundation has adequate funding;
- to give support to the Foundation's staff;
- to act with the President in the overall relationship with the provincial government.

Members of the Foundation are appointed by the Ontario government. The full Board, and each of the Board's committees, meets at least four times a year. In addition, special meetings are convened as necessary.

Members of the Foundation as of March 31, 1987, were:

Chairman
John B. Macdonald, D.D.S., Ph.D., D.Sc.
Toronto

Members

Raymond C. Alary
Hearst

John R. Augustine, M.D.
Thunder Bay

Frank C. Buckley, B.Comm.
Toronto

Robert J. Butler
Toronto

Phyllis Creighton, M.A.
Toronto

Barbara C. Eastman, D.Phil.
Toronto

John Fryters, Ph.D.
Belleville

Leslie H. Macleod, LL.B.
Toronto

Norma M. Marossi,
R.N., B.Admin. (H.S.)
Cambridge

Roger Obonsawin
Toronto

Margaret Proulx
Pembroke

Jean Robinson, M.S.W.
Toronto

A. Bruno Scorsone, M.A., M.S.W.
Toronto

John H. Sword, M.A.
Toronto

PROFESSIONAL ADVISORY BOARD

Members of the Professional Advisory Board are appointed by the Government of Ontario. Their main responsibilities are:

- to bring objectivity and expertise to the Foundation's research control systems;
- to advise on the directions and balance of the Foundation's research effort;
- to advise on specific issues raised by the Foundation's programs, when those issues are submitted to the Professional Advisory Board for consideration.

Members of the Professional Advisory Board as of March 31, 1987, were:

Chairman
Irving Rootman, Ph.D.

Members

Mary Jane Ashley, M.D., M.Sc.
Clive Chamberlain, M.D.
Margrit Eichler, Ph.D.
John Hagan, Ph.D.
D. W. Haist, M.D.
Stuart M. MacLeod, M.D., Ph.D.
Alexander S. Macpherson, M.D., M.Sc.
Wilfred H. Palmer, M.D.
Brian Shaw, Ph.D.
R. P. Swinson, D.P.M., M.D.
James R. Wherrett, M.D.

BOARD OF THE CLINICAL INSTITUTE

Members of the Board of the Clinical Institute are appointed by the Board of the Foundation, in accordance with the administrative bylaws of the Clinical Institute. Their main responsibilities are:

- to review the programs of the Clinical Institute;
- to consider policy recommendations from the Director of the Clinical Institute and to make recommendations on policy to the Board of the Foundation;
- to recommend to the Board of the Foundation the appointment of medical staff;
- to ensure that the Public Hospitals Act and Regulations and other relevant laws and regulations are observed;
- to receive reports from the Institute Advisory Committee.

The Board of the Clinical Institute meets four times a year.

Members of the Board of the Clinical Institute as of March 31, 1987, were:

Chairman
Phyllis Creighton, M.A.

Members

John R. Augustine, M.D.
Peter L. Carlen, M.D.
John B. Macdonald, D.D.S., Ph.D., D.Sc.
Joan Marshman, Ph.D.
J. T. Marotta, M.D.
Jean Robinson, M.S.W.
Edwin F. Watson, M.S.W.

OFFICES OF THE FOUNDATION

One of the Foundation's policies is to offer treatment, prevention, and information programs and services to all the people of Ontario, regardless of where they happen to live in the province. To this end, the Foundation has established offices throughout Ontario, so that it has representation in every region.

Offices of the Foundation are located as follows:

ARF Headquarters	33 Russell Street, Toronto, M5S 2S1	(416) 595-6000
Belleville	248 Bridge Street East, K8N 1P1	(613) 962-9482
Chatham	575 Queen Street, N7M 2J7	(519) 354-1000
Community Programs Evaluation Centre	c/o University of Western Ontario, London, N6A 5B9	(519) 661-3042
Cornwall	General Hospital, K6H 1Z5	(613) 932-3300 ext. 238
Durham	44 Bond Street West, 10th Floor, Oshawa, L1G 1A4	(416) 576-6277
Georgian Bay	100 Bell Farm Road, Barrie, L4M 4Y5	(705) 726-4976
Halton	3425 Harvester Road, Suite 211, Burlington, L7N 3N1	(416) 632-2436
Hamilton	20 Hughson Street South, Suite 508, L8N 2A1	(416) 525-1250
Western Regional Office	20 Hughson Street South, 5th Floor, Hamilton, L8N 2A1	(416) 527-8166
Kenora	101 Chipman Street, P9N 1V7	(807) 468-6372
Kingston	309 Alfred Street, K7L 3S4	(613) 546-4266
Kitchener	639 King Street West, N2G 1C7	(519) 579-1310
London	414 Dufferin Avenue, N6B 1Z6	(519) 433-3171
Niagara	63 Church Street, Suite 410, St. Catharines, L2R 3C4	(416) 685-1361
North Bay	288 Worthington Street West, P1B 3B4	(705) 472-3850
Eastern Regional Office	383 Parkdale Avenue, Suite 310, Ottawa, K1Y 4R4	(613) 728-4104

OFFICES OF THE FOUNDATION (Cont'd)

Ottawa/Carleton	383 Parkdale Avenue, Suite 304, K1Y 4R4	(613) 722-1075
Owen Sound	County Bldg., 595 9th Avenue East, N4K 3E3	(519) 371-1861
Peel	165 Dundas Street West, Suite 602, Mississauga, L5B 2N6	(416) 270-1431
Pembroke	77 Mary Street, Suite 201, K8A 5V4	(613) 735-1023
Perth	45 Drummond Street, K7H 2J9	(613) 267-1152
Peterborough	223 Aylmer Street North, K9J 3K3	(705) 748-9830
Sarnia	265 North Front Street, Suite 106E, N7T 5S6	(519) 337-9611
Sault Ste. Marie	464 Albert Street East, Walrus II, P6A 2J8	(705) 256-2226
Simcoe	191 Queensway West, Suite 1, N3Y 2M8	(519) 426-7260
Northern Regional Office	144 Pine Street, Suite 203, Sudbury, P3C 1X3	(705) 675-1181
Sudbury	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1195
Thunder Bay	West Arthur Place, Suite 104, 1265 Arthur Street East, P7C 4X8	(807) 622-0607
Timmins	119 Pine Street South, Pine Plaza, 3rd Floor, P4N 2K3	(705) 267-6419
Windsor	2090 Wyandotte Street East, N8Y 1E6	(519) 253-1146
Toronto		
Metro Toronto Regional Office (MTR)	175 College Street, M5T 1P8	(416) 595-6126
Northeast Metro	175 College Street, M5T 1P8	(416) 595-6035
West/Central Metro	175 College Street, M5T 1P8	(416) 595-6090
MTR/EAP Centre	175 College Street, M5T 1P8	(416) 595-6028

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 1987

AUDITOR'S REPORT

To the Alcoholism and Drug Addiction Research Foundation and
to the Minister of Health.

I have examined the balance sheet of the Alcoholism and Drug Addiction Research Foundation as at March 31, 1987 and the statements of operations and retained income (deficit) for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Foundation as at March 31, 1987 and the results of its operations for the year then ended in accordance with the accounting policies described in note 1(a) to the financial statements applied on a basis consistent with that of the preceding year.

J. F. Otterman

Toronto, Ontario,
June 26, 1987.

J. F. Otterman, F.C.A.,
Assistant Provincial Auditor.

BALANCE

ASSETS	1987 ($)	1986 ($)
Current		
Short term notes and deposits, at cost	2,042,710	1,226,890
Marketable securities, at lower of cost and market (market value approximates carrying value; 1986–$390,099)	514,580	367,551
Accounts receivable		
Trade	414,309	206,050
Other	80,250	95,651
Current portion of mortgages receivable	20,216	18,050
Prepaid expenses	137,218	161,529
Inventories	106,462	100,638
	3,315,745	2,176,359
Other		
Trust accounts — term deposits and cash	207,548	40,492
Mortgages receivable	109,938	130,382
	317,486	170,874
Fixed assets	1	1
	3,633,232	2,347,234

See accompanying notes to financial statements.

On behalf of the Foundation:

Chairman

Member

ADDICTION RESEARCH FOUNDATION

SHEET as at March 31, 1987

LIABILITIES AND RETAINED INCOME (DEFICIT)	1987 ($)	1986 ($)
Current Liabilities		
Outstanding cheques less cash in bank	196,555	429,527
Accounts payable and accrued liabilities	2,213,527	1,749,636
	2,410,082	2,179,163
Fund Balances		
Detoxication Centre Fund (note 2a)	6,977	290
Other research funds (note 2b)	146,609	168,939
	153,586	169,229
Trust Accounts	207,548	40,492
Retained Income (Deficit)	862,016	(41,650)
	3,633,232	2,347,234

STATEMENT OF OPERATIONS

for the year ended March 31, 1987

	1987 ($)	1986 ($)
INCOME		
Operating and research grants — Province of Ontario	30,489,998	29,317,370
Other grants	220,624	—
Publication sales (including royalties, films, and subscription fees)	397,724	385,766
Laboratory tests	353,132	309,412
Cafeterias and vending machines	231,015	226,193
Interest earned	209,932	183,906
Parking	144,543	145,869
Rent, including moneys received for accommodation at treatment centres	46,770	25,112
Management fees	43,089	56,343
Donations	21,026	50,234
Miscellaneous	173,473	117,923
	32,331,326	30,818,128
EXPENDITURE (SCHEDULE)	31,535,760	31,429,814
EXCESS (DEFICIENCY) OF INCOME OVER EXPENDITURE BEFORE EXTRAORDINARY ITEM	795,566	(611,686)
PROCEEDS ON DISPOSAL OF PROPERTY (NOTE 3)	108,100	849,486
EXCESS OF INCOME OVER EXPENDITURE AFTER EXTRAORDINARY ITEM	903,666	237,800

See accompanying notes to financial statements.

STATEMENT OF RETAINED INCOME (DEFICIT)

for the year ended March 31, 1987

	1987 ($)	1986 ($)
Deficit, beginning of year	(41,650)	(279,450)
Add excess of income over expenditure	903,666	237,800
Retained income (deficit), end of year	862,016	(41,650)

SUMMARY OF EXPENDITURE

for the year ended March 31, 1987

	1987 ($)	1986 ($)
OPERATING EXPENDITURE		
Salaries and benefits	23,343,549	23,060,073
Office expenses	1,360,393	1,293,409
Utilities	994,070	1,089,318
Consulting fees	925,368	821,755
Supplies	696,366	665,403
Maintenance	664,164	673,000
Grants	573,161	601,182
Publications	533,942	408,691
Rent	463,542	381,548
Supplementary program expenses	355,334	856,289
Books and periodicals	217,754	215,117
Food	207,673	188,472
Other	420,605	555,224
	30,755,921	30,809,481
CAPITAL EXPENDITURE		
Equipment	663,229	89,069
Major renovations	116,610	531,264
	779,839	620,333
	31,535,760	31,429,814

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

March 31, 1987

1. SIGNIFICANT ACCOUNTING POLICIES

(a) *Basis of Accounting*

The Foundation's financial statements have been prepared in accordance with generally accepted accounting principles with the following exceptions:

(i) Fixed assets are expensed in the year of acquisition and are reflected on the balance sheet at a nominal value of one dollar.

(ii) The cost of publications produced or purchased for distribution is expensed during the year. Accordingly, inventories shown on the balance sheet do not include the value of publications on hand at year end.

(b) *Inventories*

Inventories of drugs, medical and other supplies are valued at cost, with cost determined on a weighted average basis.

2. PROJECT FUNDS

The Foundation administers funds received from various private and public organizations. The activities of these funds are as follows:

(a) *Detoxication Centre Fund*

	1987 ($)	1986 ($)
Due to Province, beginning of year	290	19,494
Grants from Province of Ontario	439,061	398,136
	439,351	417,630
Expenses incurred during the year	432,374	397,846
	6,977	19,784
Paid to the Province of Ontario	—	19,494
Due to Province, end of year	6,977	290

Excess of income over expenditure from the Detoxication Centre is repayable to the Province of Ontario.

(b) *Other Research Funds*

	1987 ($)	1986 ($)
Balance, beginning of year	168,939	271,563
Funds received during the year	517,917	614,903
	686,856	886,466
Expenses incurred during the year	540,247	717,527
Balance, end of year	146,609	168,939

3. EXTRAORDINARY ITEM

In October 1986, the Foundation sold a property at 259 Wellington Street in Chatham for $115,000 (net proceeds of $108,100 after commission).

4. LEASE COMMITMENTS

The Foundation operates 28 community services offices throughout the province. Future minimum lease payments for these premises under operating leases as at March 31, 1987 are:

	($)
1988	323,940
1989	217,339
1990	180,725
1991	145,894
1992 and beyond	90,329
	958,227

5. SUPERANNUATION FUND

Beginning in 1982, the Ministry of Health has made annual payments directly to the Public Service Superannuation Fund to cover the Foundation's obligation to the unfunded liability of the Fund. The contribution for 1986 was $116,468. No contributions were made in 1987 as the latest actuarial valuation indicated a surplus existed in the fund.

6. COMPARATIVE FIGURES

Comparative figures have been reclassified where necessary to conform with the 1987 presentation.

GRANTS AND DONATIONS

Although the Foundation receives most of its funding from the Province of Ontario, it does receive additional and welcome support in the form of grants and donations from other sources.

The Foundation gratefully acknowledges the following grants, contracts, and donations received during 1986–87:

Grants and Contracts

Alcoholic Beverage Medical Research Foundation
- Effects of Ethanol on Excitable Membrane Function of Cerebellar Purkinje Cells in Rats

Canadian International Development Agency
- Community Development, Hill Tribe — Thailand

Ciba-Geigy Canada Ltd.
- Oxiracetam in Alcohol Dementia

Eli Lilly Canada Inc.
- Smoking Research

Health and Welfare Canada
- Symposium on Alcohol-Related Casualties

Health and Welfare Canada
Toronto General Hospital—Family Practice Service
- Lifestyle Assessment Intervention Project

Merck Sharp & Dohme Ltd.
Bristol-Myers Co.
Eli Lilly Canada Inc.
Rhône-Poulenc Pharmaceuticals Inc.
Toronto General Hospital
- Jointly Sponsored Project on Alcohol Consumption and Withdrawal

Merrell Dow Pharmaceuticals (Canada) Inc.
- Nicorette Project

Miles Laboratory Ltd.
- Alcoholism Marker Project

Ministry of Health (Mental Health)
- Dial-A-Fact

Ministry of Health (Mental Health)
- Renfrew County Assessment/Referral and Primary Care Service

National Native Advisory Council on Alcohol and Drug Abuse
- Video on the Prevention of the Use of Inhalants

Rhône-Poulenc Pharmaceuticals Inc.
- Dependence Liability of Zopiclone, Evidence of Drug Withdrawal

Secretary of State, Canada, through the Ministry of Education, Ontario
- Video Translation — Dr. Bernard Educational Series

Transport Canada
- Canadian Conference of Motor Transportation Administrators
- Canadian Transportation Safety Professionals Directory

Transport Canada (Department of Transport, Road Safety and Motor Vehicle Regulation Directorate)
- Psychosocial Assessment of Trauma Victims

United Nations Development Programme
- Development of Testing and Training Centres — Thai Study Programme

Whitehead Research Consultants Ltd.
- Native Addictions Training

World Health Organization
- Analysis of Tar, Nicotine, and Carbon Monoxide in Cigarette Smoke

Donations

Dial-A-Fact
Sarnia Lions Club

In Memory (345 donations)
Offender Restitution (1 donation)
Work of the Foundation (74 donations)

FOUNDATION VISITORS

The Foundation's primary responsibility is to the people of Ontario, and each year literally thousands of Ontarians contact its offices throughout the province. However, because of the Foundation's international reputation, it also receives visitors from across Canada, the United States, and overseas.

The following is a partial list of visitors who came seeking advice and/or training during 1986–87. It serves as an indication of the Foundation's influence beyond Ontario.

Visitors from Other Provinces

Prof. James Baumohl
McGill University
Montreal, Quebec

Ms. Elizabeth Bennett
Le Spot Youth Centre
Lasalle, Quebec

Dr. J.L. Blackburn
University of Saskatchewan
Saskatoon, Saskatchewan

Ms. Monique Blais
Hudson Bay Hospital
Povungnituk, Quebec

Mr. D. Bouchard
Portage
Montreal, Quebec

Ms. Lyne Callan
A.A.D.A.C.
Edmonton, Alberta

Ms. Carol Cameron
A.A.D.A.C.
Edmonton, Alberta

Major Len Frost
Salvation Army Harbour Light
Montreal, Quebec

Mr. John Herritt
Dr. Charles L. LeGrow Health Centre
Port aux Basques, Newfoundland

Mr. Rembert Jeddore
Ms. Jacqueline John
Mr. Matthias John
Ms. Geraldine Kelly
Conne River Reserve
Conne River, Newfoundland

Mr. Pierre Lamarche
Domremy Treatment Centre
Montreal, Quebec

Ms. Michelle Lambert
Hudson Bay Hospital
Povungnituk, Quebec

Mr. Michael Landry
Domremy Treatment Centre
Montreal, Quebec

Ms. Manny Mannard
McGill University
Montreal, Quebec

Ms. Louise Nadeau
Université de Montréal
Montreal, Quebec

Mr. John Paquette
Public Works Canada
Ville St-Laurent, Quebec

Mr. Jacques Perras
Fondation Jean Lapointe
Montreal, Quebec

Ms. Ingeborg L. Racicot
CFCF TV Inc.
Montreal, Quebec

Ms. Kay Stanley
Chief of Staff to the
Honorable Walter McLean
Hull, Quebec

Mr. Tim Tobin
Dr. Charles L. LeGrow Health Centre
Port aux Basques, Newfoundland

Dr. Brian White-Guay
Merck-Frosst Canada Inc.
Montreal, Quebec

Visitors from the United States

Ms. Victoria Aitken
Metroplex
Brentwood, Missouri

Ms. Patricia Andries
Riverside, Illinois

Dr. Irwin M. Arias
Tufts University
Boston, Massachusetts

Mr. Chuck Bailey
University of Michigan
Flint, Michigan

Ms. Carol Belille
C.A.T.O.R.
St. Paul, Minnesota

Ms. Jill Cannon
Putnam Valley, New York

Dr. Arthur Cederbaum
Mount Sinai School of Medicine
New York, New York

Dr. Lorraine Conlon
Bakersfield, California

Ms. Christine Davies
Smyrna, Georgia

Mr. C. Dhas
Veterans Administration Hospital
Chicago, Illinois

Dr. Lynne M. Didrikson
Roseau Medical Clinic
Roseau, Minnesota

Ms. Ruth Engs
Indiana University
Bloomington, Indiana

Dr. Kaye Middleton Fillmore
Medical Research Institute of
San Francisco
El Cerrito, California

Ms. Therese Finlay
S.U.N.Y., Alfred Vocational Campus
Wellsville, New York

Mr. Jack Ford
Toledo Treatment Services
Toledo, Ohio

Ms. Ena Fox
Ms. Stephanie Fox
Smyrna, Georgia

Ms. Maureen Girard
Providence, Rhode Island

Dr. Enoch Gordis
N.I.A.A.A.
Bethesda, Maryland

Dr. Mary Haack
University of Chicago
Chicago, Illinois

Mr. Paul W. Haberman
New Jersey State Division
of Alcoholism
Leonia, New Jersey

Ms. Linda Hanson
St. Lawrence Hospital
Dimondale, Michigan

Dr. Paula Hoffman
N.I.A.A.A.
Bethesda, Maryland

Mr. Michael Impellizzeri
National Highway Traffic
Safety Administration
Washington, D.C.

Ms. Frances L. Kokko
Sault Ste. Marie Chippewa Tribe
Sault Ste. Marie, Michigan

Mr. Michael Kooker
Iowa City, Iowa

Ms. Denise Kresevic
University Hospital
Garfield Heights, Ohio

Mr. Arthur LeBlanc
Bay Mills Substance Abuse Program
Brimley, Michigan

Dr. Barbara S. McCrady
Rutgers University
Piscataway, New Jersey

Ms. Julianne Mesich
Charter Ridge Hospital
Lexington, Kentucky

Dr. William R. Miller
University of New Mexico
Albuquerque, New Mexico

Ms. Connie Flynt Mullinix
Robert Wood Johnson Foundation
Princeton, New Jersey

Ms. Deena Nardi
Crete, Illinois

Dr. Christine Parker
Michigan State University
East Lansing, Michigan

Dr. J. Clyde Ralph
Sacramento, California

Dr. Frederick Roberts
Syracuse, New York

Dr. Steve Roberts
Toledo, Ohio

Ms. Kathy Roetter
Martha Washington Hospital
Chicago, Illinois

Mr. William Scott
National Highway Traffic
Safety Administration
Washington, D.C.

Dr. Irwin A. Silverston
Dover, Ohio

Ms. Linda Toelke
Rehabilitation Institute of Chicago
Chicago, Illinois

Mr. Hidekazu Tsukamoto
Veterans Administration
Medical Center
Martinez, California

Ms. Katy Vuncannon
Randolph County Mental
Health Center
Asheboro, North Carolina

Dr. Humberto Viveros
Wellcome Research Laboratories
Research Triangle Park,
North Carolina

Dr. Kenneth Warren
N.I.A.A.A.
Bethesda, Maryland

Dr. Ira M. Wasserman
Eastern Michigan University
Ypsilanti, Michigan

Mr. Ralph Wertheim
Chico, California

Mr. Thomas Yarber
Westside Medical Center
Oak Park, Illinois

Dr. Mark Zern
Albert Einstein College
Bronx, New York

Visitors from Other Countries

Australia

Dr. John C. Colman
Alfred Hospital
Melbourne

Ms. Vicki De Prazer
Carrellis Centre
Mount Lawley

Dr. Ross Homel
MacQuarie University
North Ryde, N.S.W.

Ms. Ann Kern
Department of Health
Canberra

Mr. Dean Mortimer
Alcohol and Drug Foundation
Victoria

Dr. Peter F. Nixon
University of Queensland
Brisbane

Mr. Chris Robinson
Swinburne Institute of Technology
Melbourne

Austria

Christopher W. Baron Von Harsdorf
United Nations Consultant
Vienna

Belize

Ms. Barbara Mayo
Pride-Belize
Belize City

Brazil

Dr. Arthur Andrade
Dr. Renato Ramos
University of São Paulo
São Paulo

England

Ms. Elizabeth Clifford
Coventry and Warwickshire Hospital
Coventry

Dr. Moira Hamlin
Highcroft Hospital
Birmingham

Finland

Ms. Marja Holmila
Social Research Institute of
Alcohol Studies
Helsinki

Dr. Mikko Salaspuro
University of Helsinki
Helsinki

France

Ms. Nicole Friderich
UNESCO (Retired)
Paris

Iceland

Dr. Alma Anna Thorarinsson
National University Hospital
Reykjavik

India

Dr. Raymol Cherian
Clinical Research Foundation
Madras

Indonesia

Dr. Soetadi
Ministry of Social Affairs
Jakarta

Dr. Hans J. Spielmann
United Nations Development
Program
Jakarta

Israel

Dr. Roberto Mester
Eitanim Hospital
Jerusalem

Italy

Mr. Frank Gallaci

Jamaica

Mr. Oama Givance
Ministry of Youth & Community
Development
Kingston

Ms. Faye Green
Ministry of Education
Kingston

Ms. Mavis Hemmings
National Council on Drug Abuse
Kingston

Mr. Novar McDonald
Industrial Commercial Developments
Limited
Kingston

Ms. Doreen Morris
Shortwood Teachers' College
Kingston

Ms. Cora Gilda Ramsay
Ministry of Health
Kingston

Ms. Ann Marie Rhoden
University Hospital of the West Indies
Mona, Kingston

Mr. Derick Roache
National Council on Drug Abuse
New Kingston

Mr. Astley Thompson
Ministry of Youth & Community
Development
Kingston

Kenya

Ms. Helga Grant

The Netherlands

Dr. Jean de Vries
Rudolf Magnus Institute for
Pharmacology
Utrecht

New Zealand

Dr. James S. Roxburgh
New Zealand Department of Health
Nelson

Ms. Enid Smith
Y.M.C.A.
Wanganui

Poland

Dr. A. Czlonkowski
Medical Academy of Warsaw
Warsaw

Dr. Wzudzimierz Siczek
Outpatient Clinic
Radom

Scotland

Mr. Martin Raymond
The Scottish Health Education Group
Edinburgh

Ms. Joy Roulston
Scottish Episcopal Church
Edinburgh

Rev. Hugh Wyllie
Church of Scotland
Hamilton

Sweden

Professor Hans Bergman
Karolinska Hospital
Stockholm

Dr. Ulf Rydberg
Karolinska Institute
Huddinge

Thailand

Dr. Yawalak Akrawinet
Chief of Drug Dependence Unit
Song Khla

Dr. Virat Anantvoranich
Song Khla Hospital
Song Khla

Dr. Kachit Chooparnya
Drug Abuse Prevention and
Treatment Division
Bangkok

Dr. Pricha Intoh, Director
Song Khla Neuropsychiatric Hospital
Song Khla

Ms. Duangduen Kattiyavara
Narcotics Clinic No. 6
Bangkok

Mr. Santi Phadungtatana
Treatment and Rehabilitation Section
Bangkok

Ms. Paipun Phitayanon
Researcher
Bangkok

Dr. Vichai Poshyachinda
Drug Dependence Centre
Bangkok

Dr. Anand Sugondhabhirom
Technical Division
Bangkok

Dr. Suphak Vanichseni
Health Centre No. 21 and
Narcotics Clinic No. 6
Bangkok

Trinidad

Ms. Gemma Callendora-Stout

Venezuela

Mr. Vladimir Gessen
Congress of Venezuela
Caracas

Zimbabwe

Mr. John Petko
Z.A.C.R.O.
Harare

PUBLICATIONS BY FOUNDATION STAFF

Journal Articles, Abstracts, Theses, Books, and Book Chapters

Every year, staff members of the Foundation are asked to contribute articles, abstracts, theses, and chapters to a wide range of books, journals, studies, reports, and other publications. It is a measure of the high esteem with which their work is regarded — not just in Ontario, but also in the rest of Canada and indeed throughout the world. The following is a partial list of publications by ARF staff which appeared during 1986–87.

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